

# PRESS RELEASE

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## For Immediate Release

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Madison, Wisconsin -- Erik C. Peterson, United States Attorney for the Western District of Wisconsin, announced today that Riverview Cancer Center, Inc. (RCC), which operates in central Wisconsin, will pay the United States approximately \$165,000 to settle certain civil claims under the False Claims Act. The Settlement Agreement includes a provision stating that the agreement does not constitute an admission of liability by RCC. At the same time, the United States does not concede that its claims are not well founded, according to the settlement agreement.

This investigation originally arose in 2004 when RCC self-disclosed to the United States Attorney and the U.S. Department of Health and Human Services, Office of Inspector General, that it may have submitted improper bills to Medicare on behalf of one of its former physicians.

Specifically, between September 1, 2002, through May 31, 2004, RCC allegedly defrauded Medicare when it submitted billing on behalf of the physician for medical services, more specifically office visits, for services that were not provided or for a more expensive service than was provided or was medically necessary. This latter practice is commonly referred to as "upcoding." RCC received payment from the Medicare Program for the claims submitted.

The False Claims Act permits the United States to recover up to three times actual damages, plus penalties.

United States Attorney Peterson said, “The Medicare and Medicaid programs rely on the accurate and truthful reporting of billing information from medical providers. The majority of medical providers take this responsibility seriously. We encourage companies to implement programs to uncover fraud, waste, and abuse, and to self-disclose any potential violations to the federal authorities.”

Medicare and Medicaid fraud costs taxpayers millions of dollars each year. The U.S. Attorney’s Office Health Care Fraud Unit, in conjunction with federal investigative agencies, vigorously investigates and seeks appropriate sanctions against providers who submit false claims to Medicare or Medicaid.

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